

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33595

FILED SEP 25 1952

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 8318

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis, Mo.</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Lukes</i>		d. STREET ADDRESS (If rural, give location) <i>26 1936 Warren St.</i>	
3. NAME OF DECEASED (Type or Print) <i>MARY</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>9 1 52</i>	
5. SEX <i>FEMALE</i>		6. COLOR OR RACE <i>WHITE</i>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>		8. DATE OF BIRTH <i>8-15-1893</i>	
9. AGE (In years last birthday) <i>59</i>		10. IF UNDER 1 YEAR Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>HOUSE WIFE</i>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <i>LITH</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>MARTIN PAWLOWICZ</i>		13b. MOTHER'S MAIDEN NAME <i>FRANCES CISTOWSKI</i>	
14. NAME OF HUSBAND OR WIFE <i>FRANK WOJCICKI</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <i>FRANK WOJCICKI</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Subarachnoid hemorrhage</i> ANTECEDENT CAUSES <i>Hypertensive C.V. disease</i> DUE TO (b) <i>5 yrs</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <i>443X</i>		22. I hereby certify that I attended the deceased from <i>Aug 1, 1952</i> to <i>Sept 1, 1952</i> , that I last saw the deceased alive on <i>Sept 1, 1952</i> , and that death occurred at <i>1:30 P.M.</i> , from the causes and on the date stated above.	
23a. SIGNATURE <i>Geo. W. Stuever M.D.</i> (Degree or title)		23b. ADDRESS <i>3720 Washington Rd.</i>	
23c. DATE SIGNED <i>9-3-52</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	
24b. DATE <i>9-5-52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>CALVARY</i>	
24d. LOCATION (City, town, or county) (State) <i>ST. LOUIS MO.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>St. Louis</i>	
DATE REC'D BY LOCAL REG. <i>SEP 3 1952</i>		REGISTRAR'S SIGNATURE <i>Ben Kosabowski</i>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3720 Washington
J.E. 4515
R. R. 7130
Sgt. 6080

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 3653

P. O. Address M. L. 2

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.